



Letter to the Editor

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Dear Editor,

My comments were stimulated by Dr. Huerta's work on a couple of manuscripts related to health care in Guatemala.

Dr. Huerta provides examples, based on his experience, of the struggles in low-middle-income countries (LMICs) compared to high-income countries (HICs) where he has volunteered. These problems act as a chain; the direct impact of their poor economy leads to inferior healthcare with high infant mortality, high malnutrition rates, poor education, poor infrastructure, etc.

The list might seem endless. His visit to Honduras in 2012 showed him how heavily the physicians in LMICs rely on physical exams because of lack of diagnostic tools like computed tomography or magnetic resonance imaging. Additionally, vast differences exist with regards to patients' autonomy, expectations, and adherence to physicians' instructions. In 2014, he visited India, where there were more opportunities for surgical treatment, but again these opportunities depended on the family being able to pay, for example, for the extra mesh required to repair an inguinal hernia. In 2020, during his volunteer trip to Haiti, he saw once again, that the common primary care diagnoses like scabies, malnutrition, and vaginal infection were those of a LMIC with poor to null access to the basic needs. Dr. Huerta found his niche in Guatemala, where he has been making the most out of his surgical expertise, helping the

community with newer approaches to surgical interventions, questioning open approach *vs* laparoscopy, local *vs* regional *vs* general anesthesia and many others. Situations where the surgeons do not necessarily prefer one method over another but instead, they do not have the equipment needed. Situations where the decision should be based on the individual needs and outcomes of the different patients and not on the costs and if there is access to the medical equipment. His mission in this country is to change this, by providing medical equipment, bringing medical trainees from the United States of America (USA) to help but also sharing this knowledge with the doctors in Guatemala so the bridges of inequality can be established and offer better and more individualized treatment that all patients deserve. His mission with the *Aid Via Action Global Health Journal* is to provide an outlet for physicians in LMICs to share the current problems in their medical centers as this is the important first step towards finding solutions, transforming an issue from something intangible to tangible in the hopes of finding a way to fix it.

As such this paper and the global goals of Aid Via Action aim to provide better medical knowledge and treatment in underserved areas, a task that is long past due. This type of project is imperative as the gap between LMICs and HICs keeps getting bigger. We must not forget that we are all humans and as such, we deserve the best quality of medical attention and full

cover of at least the basic necessities, so if there is something we as doctors can offer, then we should take advantage of this knowledge and help.¹

With regards to the letter to the Editor on “Current status of local anesthesia for inguinal hernia repair in developing countries and the United States”, the main issue points to a simple yet important question – Why is the possibility of local anesthesia during inguinal hernia repair not occurring more universally? The writers tell us that Guatemala is not practicing it, Ghana is underutilizing it and places in the USA are not implementing it even with the current level I evidence showing its benefits. I find this shocking and saddening, we are putting our comfort as surgeons and anesthesiologists above the patient’s outcome. There are patients out there using hernia belts 24/7 because they won’t tolerate general anesthesia, cases where local anesthesia could be an option, but it is being taken away from them and therefore affecting their quality of life. This should and must stop, and it is with publications like the above that we can begin the change, we can make other colleagues aware that this easy, less expensive, and shorter recovery procedure is doable.²

References:

1. Huerta S. Health Care in Central America. *Aid Via Action Global Health Journal*. 2023;1(1):1-5.
2. Argo M, Timmerman C, Ochoa-Hernandez A, Ortiz C, Lopez-Huerta V, Huerta S. Current status of local anesthesia for inguinal hernia repair in developing countries and in the United States. *Hernia*. 2019;23: 621-622.